•	number ct Person	132971 Candace Vander	lip				Applicar Phone Nu	nt's Form Identii umber	fier <u>CESA2 2</u> (608) 758			000000000000000000000000000000000000000
nstr	uctions: Us as many c	<b>Discount</b> se one Block 5 pa opies of this page	ige for EACH se	rvice (Fundand number	uest(s) ding Request Number the completed pa	iges to	assure t	that they are a	sting discounts.	Block 5, paç	ge1	of33
11	Category	of Service (only Of	NE category should be	checked)				•	ilable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T
	Telecomn	nunications Service	O Internet Acce	ess O In	ternal Connections				er (e.g., billed telephor		920 6	74-5577 141 7
12	Form 470	Application Nur	nber (15 digits)	57	78450000323389			e Vendor Selorm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000
		rvice Provider				18 C	ontract	Award Date (	mm/dd/yyyy)			
	identificat	ion Number (9 di	gits)	1430018	56	19a S	19a Service Start Date (mm/dd/yyyy) 07/01/2001					001
						19b S	ervice E	nd Date (mm/	dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002
14	Service P	rovider Name		Amerited	sh	20 C	ontract	Expiration D	ate (mm/dd/yyyy)			
21	Description This Serv	on of ice:		with an Att	iption of the service tachment #, and no ervice - #1		-		•	osts, plus any r	elevant bra	ind names. Label
22	Entity/Ent Receiving	ities   This Service:	this service :	Head Star	ecific (provided to or t Office - 132971 by all entities on a l			-	·	,	•	n Block 4 receiving
23	Calculation		ecurring Char	<b>700</b>			Non	Recurring C	harans	<u> </u>	Total Cha	ardo c
	A	В	C C	ges D	E		F	G	H	I	J	K
(total	nly \$ charges amount per n for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	recurri	~ ,	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)
	457	0	457	12	5484		0	0	0	5484	44%	2413

Contact Person	132971 Candace Vander	1 <u> p</u>			Applica Phone N	nt's Form Identi umber	fier <u>CESA2 2</u> (608) 758		and Ottobal Supervision and Table	
nstructions: ${\sf U}$	<b>Discount</b> se one Block 5 pa copies of this page	Block 5, pag	je2	of33						
11 Category	of Service (only O	NE category should be	checked)				ilable; use "T" if tariffed s as described in Instruct		Phone	rates (bills) = T
Telecom	munications Service	O Internet Acco	ess O In	nternal Connections			er (e.g., billed telephor		920 2	61-8716 925 5
	Application Nu	mber (15 digits)	57	78450000323389		e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000
	rvice Provider tion Number (9 d				18 Contract	Award Date (	mm/dd/yyyy)			
identinica	don Number (9 di	gns)	1430018	56	19a Service Start Date (mm/dd/yyyy) 07/01/2001					
·					19b Service E	nd Date (mm/	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002
14 Service P	rovider Name		Amerited	sh	20 Contract	Expiration D	ate (mm/dd/yyyy)			
21 Description This Serv	on of ice:		with an At	iption of the service tachment #, and no ervice - #1			•	osts, plus any r	elevant bra	and names. Label
22 Entity/En Receivinç	tities 7 This Service:	this service :	Head Star	ecific (provided to or t Office - 132971 by all entities on a l		•	,	-	•	m Block 4 receiving
23 Calculation										
A	B	ecurring Char C	ges D	E	Non- F	Recurring C	harges H	I	Total Cha	arges K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount	% discount	
223	0	223	12	2676	0	0	0	2676	44%	1177

Entity Number Contact Person	132971 Candace Vander	lip				_ Applicar Phone No	nt's Form Identii umber	(608) 758-		magaran da		
	<b>Discount</b> se one Block 5 pa		rvice (Fun	uest(s) ding Request Numl e assigned by					Block 5, pag	je3	of33	
	of Service (only O						•	ilable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T	
U Telecomn	nunications Service	O Internet Acco	ess O In	ternal Connections	16 I	Billing Ad	count Numb	er (e.g., billed telephor	ne number)	608 2	50-5210 131 6	
	Application Nu	<b>nber</b> (15 digits)	57	78450000323389		7 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000						
	rvice Provider				18 (	Contract	Award Date (	mm/dd/yyyy)				
identilica	Identification Number (9 digits)  143001856  19a Service Start Date (mm/dd/yyyy)  07/01/2001											
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002											
14 Service P	rovider Name		Amerited	:h	20 (	Contract	Expiration Da	ate (mm/dd/yyyy)				
21	Service Provider Name  Ameritech  You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment # Phone Service - #1											
22 Entity/Ent Receiving	ities   This Service:	this service :	Dane Cou	cific (provided to or nty Office - 132971 by all entities on a l			_	·		·	m Block 4 receiving	
23 Calculation		ecurring Char	aee	1	I	Non-	Recurring C	harges		Total Cha	arnes	
A	В	C	D	E		F	G	H	I	J	K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	recur	- '	the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
							0	0	1452	44%	639	

•	lumber Person	132971 Candace Vanderi	lip					nt's Form Identii umber			maximo do mo do concesso de mario de ma	
nstruc	ctions: Us as many co		age for <b>EACH</b> se	rvice (Fundand number	uest(s) ding Request Numler the completed pa	ages	to assure	that they are a	sting discounts.	Block 5, paç	ge4	of33
_		of Service (only ON							ilable; use "T" if tariffed s as described in Instruct		<del> </del>	rates (bills) = T
		Application Nun			Reference Connections 78450000323389	17	Allowable		per (e.g., billed telephorection/Contract			12/06/2000
		rvice Provider				18 Contract Award Date (mm/dd/yyyy)						
le	dentificat	ion Number (9 dig	gits)	1430018	56	19a	Service S	Start Date (mm	n/dd/yyyy)		07/01/2	001
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002											
14 s	Service Pr	rovider Name		Amerited	>h	20	Contract	Expiration D	ate (mm/dd/yyyy)			
21	Description This Servi	on of ice:		with an Att	iption of the service tachment #, and no ervice - #1		_		•	osts, plus any r	elevant bra	and names. Label
	Entity/Ent Receiving	ities This Service:	this service :	<u>Janesville</u>	**						e entity froi	n Block 4 receiving
23 C	Calculatio							_				
·····	A	B Re	ecurring Char		E	<u> </u>	Non-	Recurring C	harges H	Ţ	Total Cha	arges K
Monthly \$ charges (total amount per month for service)  How much of the \$ Eligible monthly # of amount in (A) is ineligible?    The provided in program year						recu	nual non- ırring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount	Funding Commitment \$ Request (IxJ)
2	226	0	226	12	2712		0	0	0	2712	44%	1193

Contact Person	1329/1 Candace Vander	lip	######################################			cant's Form Identi Number	fler <u>CESA2 2</u> (608) 758			***************************************	
Instructions: U		ige for <b>EACH</b> se	rvice (Fun and numbe	uest(s)  ding Request Numler the completed pare	iges to assu	e that they are	sting discounts.	Block 5, pag	ge5	of33	
11 Category	of Service (only Of	NE category should be	checked)			•	ailable; use "T" if tariffed s as described in Instruc		Phone	rates (bills) = T	
Telecomr	nunications Service	O Internet Acce	ess O In	ternal Connections			per (e.g., billed telephor		608 7	755-0743 228 5	
	Application Nur	nber (15 digits)	57	8450000323389		ble Vendor Se Form 470 filing)	lection/Contract	Date (mm/dd/yyy	y)	12/06/2000	
	rvice Provider Ion Number (9 di	aita)			18 Contract Award Date (mm/dd/yyyy)						
identilled	ion radiniber (a di	gus)	1430018	56	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
					19b Service	End Date (mm	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002	
14 Service P	rovider Name		Amerited	h	20 Contra	ct Expiration D	ate (mm/dd/yyyy)		····		
21 Description This Serv	on of ice:		with an Att	ption of the service achment #, and no ervice - #1			osts, plus any i	elevant bra	and names. Label		
22 Entity/Ent Receiving	itles This Service:	this service :	Janesville		······		·	•	e entity froi	m Block 4 receiving	
23 Calculation				1		D	N	· · · · · · · · · · · · · · · · · · ·	T-4-1 Ob		
	B	ecurring Char C	ges D	E	F	n-Recurring (	narges H	Ī	Total Cha	arges K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
50	0	50	12	600	0	0	0	600	44%	264	

•	t Person	132971 Candace Vander	lip			000003423000		nt's Form Identif Imber					
Instru	<b>ctions</b> : Us as many c		ige for <b>EACH</b> se	rvice (Fun and numbe	uest(s) ding Request Numl er the completed pa e assigned by	ages t	o assure t	that they are a	sting discounts.	Block 5, pag	ge6	of33	
11 (	Category	of Service (only Ol	NE category should be	***************************************		15 (	Contract	Number (if ava	ilable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T	
•	Telecomn	nunications Service	O Internet Acco	ess O In	ternal Connections				er (e.g., billed telephon		920 6	74-0666 659 1	
12 I	Form 470	Application Nur	nber (15 digits)	57	78450000323389			e Vendor Sele orm 470 filing)	ection/Contract l	Date (mm/dd/yyy	у)	12/06/2000	
		rvice Provider				18	8 Contract Award Date (mm/dd/yyyy)						
	dentificat	ion Number (9 di	gits)	1430018	56	19a	9a Service Start Date (mm/dd/yyyy) 07/01/2001					001	
						19b	Service E	nd Date (mm/	dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002	
14 (	Service P	rovider Name		Amerited	:h	20	Contract	Expiration Da	ate (mm/dd/yyyy)				
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant this description with an Attachment #, and note number in space provided below.  Attachment # Phone Service - #1									elevant bra	nd names. Label			
	Entity/Ent Receiving	ities This Service:	this service :	Head Star	ecific (provided to or t Office - 132971 by all entities on a l		<del></del>	•			e entity fron	n Block 4 receiving	
23 (	Calculatio		nourring Char			1	Non	Boourring C	horas		Total Cha	2400	
	A	В	curring Char	ges D	E		F	Recurring C	H H	I	J	K K	
(total a	onthly \$ charges How much of the \$ Eligible monthly # of amount for service) ineligible? Eligible monthly pre-discount months amount for service (A minus B) provided in program year						٠, ٠	the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
	48	0	48	12	576		0	0	0	576	44%	253	

entity Number Contact Person	132971 Candace Vander	lip					nt's Form Identii umber			77000ggg770000000000000000000000000000	
nstructions: し		age for <b>EACH</b> se	rvice (Fun and numbe	uest(s) ding Request Numl er the completed pa ee assigned by	ages t	o assure	that they are a	sting discounts.	Block 5, pag	je7	of33
11 Category	of Service (only O	NE category should be	checked)				•	ilable; use "T" if tariffed : as described in Instruct		Phone	rates (bills) = T
Telecom	munications Service	O Internet Acco	ess O In	ternal Connections				er (e.g., billed telephon		920 5	63-8306 623 1
12 Form 470	Application Nu	mber (15 digits)	57	78450000323389			e Vendor Sel orm 470 filling)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000
	ervice Provider Ition Number (9 di				18 (	Contract	Award Date (	mm/dd/yyyy)			
identifica	ition Number (9 di	gils)	1430018	56	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
					19b 9	Service E	nd Date (mm/	dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002
14 Service F	rovider Name		Amerited	:h	20 (	Contract	Expiration D	ate (mm/dd/yyyy)			
21 Descripti This Serv	on of vice:		with an Att	iption of the service tachment #, and no ervice - #1	-	_		•	osts, plus any r	elevant bra	nd names. Label
22 Entity/En Receivin		this service :	Fort Atkins	ecific (provided to o son Office - 13297 by all entities on a	1		·			•	m Block 4 receiving
23 Calculati					ſ	<b>N</b> 1	D		1	<b>T</b>	
A	B	ecurring Char C	ges D	E	<del> </del>	F Non-	Recurring C	narges H	I	Total Cha	arges K
Monthly \$ charges (total amount per month for service)	Annual pre-discount \$ amount for eligible recurring charges (C x D)	recur	nual non- ring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)			
91	0	91	12	1092		0	0	0	1092	44%	480

•	Number ct Person	132971 Candace Vander	lip	**************************************			Applicar _ Phone Nu	nt's Form Identil umber	fier <u>CESA2 2</u> (608) 758-		AMAGO COLOGO COLOGO	
Instru	uctions: Us as many c		ige for <b>EACH</b> se	rvice (Fun and numb	uest(s) ding Request Numl er the completed pa e assigned by	ages	to assure	that they are a	sting discounts.	Block 5, paç	je8	of33
11	Category	of Service (only Ol	NE category should be	checked)		1		•	ilable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T
	Telecomn	nunications Service	O Internet Acco	ess O In	ternal Connections				er (e.g., billed telephon		608 7	41-6687 297 5
		Application Nur	nber (15 digils)	57	78450000323389	1		e Vendor Sel orm 470 filing)	ection/Contract l	Date (mm/dd/yyy	у)	12/06/2000
		rvice Provider ion Number (9 di	_:4_1			18	Contract	Award Date (	mm/dd/yyyy)			
	ruentinical	ion Number (9 di	gns)	1430018	56	19a	Service S	Start Date (mm	Vdd/yyyy)		07/01/2	001
						19b	Service E	nd Date (mm/	dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002
14	Service P	rovider Name		Amerited	:h	20	Contract	Expiration Da	ate (mm/dd/yyyy)			
	Description This Serv	on of ice:		with an Att	ption of the service achment #, and no ervice - #1		-		•	osts, plus any r	elevant bra	and names. Label
	Entity/Ent Receiving	ities   This Service:	this service :	Janesville	cific (provided to or Office - 132971 by all entities on a l			·	·		e entity froi	m Block 4 receiving
23	Calculation		Saurring Ober				Non	Beerwing C	harma		Total Ob	
	A	В	curring Char	ges D	E		F	Recurring C G	H H	I	Total Cha	K K
(total	onthly \$ charges of the \$ Eligible monthly amount in (A) is ineligible?						nual non- ırring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1 x J)
	203 0 203 12 2						0	0	0	2436	44%	1072

	Number et Person	132971 Candace Vander	lip	Original Production of State o			cant's Form Identi Number	fier <u>CESA2 7</u> (608) 758				
Instru	uctions: Us as many c		age for <b>EACH</b> se	rvice (Fun and numb	uest(s) ding Request Numler the completed pare	ages to assu	e that they are	sting discounts.	Block 5, pag	ge9	of _33	
11	Category	of Service (only O	NE category should be	checked)			•	ailable; use "T" if tariffed s as described in Instruc		Phone	rates (bills) = T	
(	Telecomn	nunications Service	O Internet Acc	ess O In	ternal Connections			oer (e.g., billed telephor	<del></del>	053	172 6237 001	
		Application Nu	mber (15 digits)	57	78450000323389		b <b>le Vendor Se</b> Form 470 filing)	lection/Contract	Date (mm/dd/yyy	y)	12/06/2000	
		rvice Provider tion Number (9 di	aite)			18 Contra	t Award Date	(mm/dd/yyyy)				
	raominou,	non runnber (90	yus)	1430011	92	19a Service	Start Date (mr	n/dd/yyyy)		07/01/2	001	
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002											
14	4 Service Provider Name A T & T 20 Contract Expiration Date (mm/dd/yyyy)											
21	Description This Serv	on of ice:		with an Att	ption of the service achment #, and no ervice - #1				osts, plus any i	elevant bra	and names. Label	
	Entity/Ent Receiving		this service :	Dane Cou	cific (provided to or nty Office - 132971 by all entities on a l		-	·	•	e entity fro	m Block 4 receiving	
23	Calculatio		· · · · · · · · · · · · · · · · · ·					Nt	1	T		
	A	B	ecurring Char C		E	F	n-Recurring (	narges H	Ţ	Total Cha	arges K	
(total						Annual non- recurring (one tirne) \$ charge	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount (from Block 4 Worksheet)		
	180	0	180	12	2160	0	0	0	2160	44%	950	

Intity Number Contact Person	132971 Candace Vander	lip					nt's Form Identii umber			(SEE SEE OCTORION OF SEE SEE OCTORION OF SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	
nstructions: Us		age for <b>EACH</b> se	rvice (Fun- and numbe	uest(s) ding Request Numl er the completed pa e assigned by	ages t	o assure	that they are a	sting discounts.	Block 5, pag	je10	of33
_	of Service (only Ol		checked)	-	15 C	Contract	Number (if ava	ilable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T
• Telecomn	nunications Service	O Internet Acce	ess <b>O</b> In	ternal Connections	16 E	Billing Ad	count Numb	er (e.g., billed telephon	e number)	053	208 7817 001
	Application Nur	nber (15 digits)	57	78450000323389			e Vendor Sel orm 470 filing)	ection/Contract I	Date (mm/dd/yyy	y)	12/06/2000
13 SPIN - Sei					18 Contract Award Date (mm/dd/yyyy)						
identificat	ion Number (9 di	gits)	14300119	92	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
				nd Date (mm/	dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002			
14 Service P	rovider Name		A T & T	-	20 (	Contract	Expiration D	ate (mm/dd/yyyy)			
21 Description This Servi	on of ice:		with an Att	iption of the service tachment #, and no ervice - #1		-		•	osts, plus any r	elevant bra	and names. Label
22 Entity/Ent Receiving	ities   This Service:	this service :	Milton Off			·				e entity from	m Block 4 receiving
23 Calculation									1		
A	B	ecurring Char C	ges D	E		Non-	Recurring C	harges H	ī	Total Cha	arges K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	recur	nual non- rring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)
106	0	106	12	1272		0	0	0	1272	44%	560

Entity Number _ Contact Person	132971 Candace Vander	rlip				nt's Form Identi umber				
Instructions:		age for <b>EACH</b> se	ervice (Fundand number	uest(s) ding Request Number the completed pa	iges to assure	that they are	sting discounts.	Block 5, pag	ge11	of33
11 Catego	y of Service (only O	NE category should be	checked)			•	ilable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T
Teleco	mmunications Service	O Internet Acco	ess O In	ternal Connections			er (e.g., billed telephor	<del></del>	15	7 868 0005
	70 Application Nu	mber (15 digits)	57	78450000323389		le Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000
	Service Provider				18 Contract	Award Date (	mm/dd/yyyy)			
. Identin	cation Number (9 di	igits)	1430018	19	19a Service Start Date (mm/dd/yyyy) 07/01/2001					
					19b Service	End Date (mm/	'dd/yyyy) (use only fo	or "T" or "MTM" se	ervices)	06/30/2002
14 Service	Provider Name		Centuryt	el	20 Contract	Expiration D	ate (mm/dd/yyyy)			
You MUST attach a description of this Service:  You MUST attach a description of this description with an Attachment #, and note number in space provided below.  Attachment # Phone Service - #1									and names. Label	
22 Entity/E Receiv		this service :	Milton Off			<u>.</u>			e entity froi	m Block 4 receiving
23 Calcula				1	l Non	Doguering C	Sharman I		Total Ch	
A	В	ecurring Char	ges D	E	F	Recurring C	H	I	Total Cha	K K
Monthly \$ charg (total amount p month for servic	es How much of the \$ amount in (A) is		# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)
231	0	231	12	2772	0	0	0	2772	44%	1220

Contact Person	1329/1 Candace Vander	lip_		**************************************	Application Phone N	ant's Form Identi Iumber	fier <u>CESA2 2</u> (608) 758				
Instructions: U		ige for EACH se	rvice (Fun and numb	uest(s) ding Request Number the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge12	of33	
	of Service (only O					•	ilable; use "T" if tariffed s as described in Instruct		Phone	rates (bills) = T	
Telecomr	nunications Service	O Internet Acce	ess O In	ternal Connections			per (e.g., billed telephor	<del></del>	60	8 868 4717	
12 Form 470	Application Nur	mber (15 digits)	57	78450000323389		le Vendor Sel Form 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000	
	rvice Provider					Award Date	mm/dd/yyyy)				
Identifica	Identification Number (9 digits)  143001819  19a Service Start Date (mm/dd/yyyy)  07/01/2001										
					End Date (mm/	/dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002		
14 Service P	rovider Name		Centuryt	el	20 Contrac	Expiration D	ate (mm/dd/yyyy)				
	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label										
22 Entity/Ent Receiving	iities   This Service:	this service :	Milton Off			-			•	n Block 4 receiving	
23 Calculation		-curring Char	~~~		Non	Decurring (	Large		Tatal Ch		
A	В	ecurring Char C	ges D	E	F	-Recurring C	narges H	I	Total Cha	arges K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)		% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
218	0	218	12	2616	0	0	0	2616	44%	1151	

Contact Person	//ppiroditto   offinitionality   October 11/2											
Instructions: U		age for <b>EACH</b> se	rvice (Fun and numb	uest(s) ding Request Numl er the completed pa e assigned by	ages to assure	that they are	sting discounts.	Block 5, pag	ge13	of33		
11 Category	of Service (only O	NE category should be	checked)			,	ilable; use "T" if tariffed s as described in Instruct	•	Phone	rates (bills) = T		
Telecomr	nunications Service	O Internet Acco	ess <b>O</b> In	ternal Connections			er (e.g., billed telephor	<del></del>	26	2 593 5979		
	Application Nu	mber (15 digits)	57	78450000323389		<b>le Vendor Sel</b> Form 470 filing)	ection/Contract	Date (mm/dd/yyy	у)	12/06/2000		
	rvice Provider	-:			18 Contract Award Date (mm/dd/yyyy)							
Identification Number (9 digits)  143001819  19a Service Start Date (mm/dd/yyyy)  07/01/2001										001		
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002											
14 Service Provider Name Centurytel 20 Contract Expiration Date (mm/dd/yyy												
21 Description This Serv	on of ice:		with an Att	ption of the service achment #, and no ervice - #1				osts, plus any r	elevant bra	and names. Label		
-	lities 1 This Service:	this service :	Head Star	cific (provided to or t Office - 132971 by all entities on a l	· · · · · · · · · · · · · · · · · · ·	-				m Block 4 receiving		
23 Calculation		ecurring Char			l Non	-Recurring C	harnes	<u> </u>	Total Cha	ardae		
A	В	C C	D	E	F	G	H	I	J	K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible prediscount \$ amount for one-time charges (F minus G)	, , ,	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
81	0	81	12	972	0	0	0	972	44%	428		

Entity Number Contact Person											
nstructions: $\cup$		age for EACH se	ervice (Fund and numbe	uest(s) ding Request Number the completed pa	ages to assur	e that they are	sting discounts.	Block 5, pag	ge14	of33	
	of Service (only Of		checked)	SENDERCESTEURINGSELLES PROFESSOREN DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CO	15 Contrac	ct Number (if ava	ailable; use "T" if tariffed s as described in Instruc		Phone	rates (bills) = T	
Telecom	munications Service	O Internet Acce	ess O In	nternal Connections			oer (e.g., billed telephor			3681861	
	Application Nur	mber (15 digits)	57	78450000323389		<b>ble Vendor Se</b> a Form 470 filing)	lection/Contract	<b>Date</b> (mm/dd/yyy	y)	12/6/2000	
	ervice Provider	:_:a_\			18 Contrac	ct Award Date	(mm/dd/yyyy)				
Identification Number (9 digits)  143000074  19a Service Start Date (mm/dd/yyyy)  07/01/2001											
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002										
14 Service P	Provider Name	N	/Ic Leod U	SA	20 Contra	ct Expiration D	late (mm/dd/yyyy)				
21 Descripti This Serv	on of /ice:		with an Att	iption of the service tachment #, and no ervice - #1			•	osts, plus any i	elevant bra	and names. Label	
22 Entity/En Receiving	itities g This Service:	this service :	<u>Janesville</u>	**		·	<i>,</i> ·	•	·	n Block 4 receiving	
23 Calculation				,		D	N	1	T.A.I.Ob		
A	В	ecurring Char	ges D	E	F	n-Recurring (	narges H	Ī	Total Cha	arges K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)		Annual pre-discount \$ amount for eligible recurring charges		How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	' '		Funding Commitment \$ Request (IxJ)	
157 0 157 12 1884 0 0 0 1884 44% 829											

Entity Number Contact Person	132971 Candace Vander	lip				nt's Form Identii umber	fier <u>CESA2 2</u> (608) 758			
<b>nstructions</b> : Us Make as many c		ige for <b>EACH</b> se	rvice (Fun	uest(s) ding Request Numl er the completed pa			sting discounts.	Block 5, pag	je15	of33
FRN#			(to b	e assigned by	/ administ	rator)				
11 Category	of Service (only O	NE category should be	checked)			•	ilable; use "T" if tariffed as described in Instruct		Phone	rates (bills) = T
Telecomr	nunications Service	O Internet Acce	ess O In	ternal Connections	16 Billing A	ccount Numb	er (e.g., billed telephor	ne number)		16483
	Application Nur	nber (15 digits)	57	78450000323389		le Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000
	rvice Provider				18 Contract	Award Date (	mm/dd/yyyy)			
Identificat	tion Number (9 di	gits)	1430011	17	19a Service	Start Date (mm	v/dd/yyyy)		07/01/2	001
19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002										
14 Service Provider Name Powercom 20 Contract Expiration Date (mm/dd/yyyy)										
21 Description This Serv	on of ice:		with an Att	iption of the service tachment #, and no ervice - #1				osts, plus any r	elevant bra	and names. Label
22 Entity/Ent Receiving	tities 1 This Service:	this service :	Milton Offi	**		-	·		•	m Block 4 receiving
23 Calculation	ons									
		ecurring Char				Recurring C		<del></del>	Total Cha	
A Monthly \$ charges (total amount per month for service)	B How much of the \$ amount in (A) is ineligible?	C Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	E Annual pre-discount \$ amount for eligible recurring charges (C x D)	F Annual non- recurring (one- time) \$ charges	the \$ amount in	H Annual eligible pre- discount \$ amount for one-time charges (F minus G)	I Total program year pre-discount \$ amount (E + H)	J % discount (from Block 4 Worksheet)	K Funding Commitment \$ Request (IxJ)
100	0	100	12	1200	0	0	0	1200	44%	528

Contact Person	132971 Candace Vander	lip			Applica	nt's Form Identi umber	fier <u>CESA2 2</u> (608) 758-					
Instructions: Us		age for EACH sei	rvice (Fun and numbe	uest(s) ding Request Number the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge16	of33		
11 Category	of Service (only Of	NE category should be	checked)			•	ilable; use "T" if tariffed		Phone	rates (bills) = T		
<b>⊙</b> Telecomn	munications Service	O Internet Acce	ess O In	nternal Connections			per (e.g., billed telephon			16485		
12 Form 470	Application Nur	nber (15 digits)	57	78450000323389		e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000		
	rvice Provider				18 Contract		mm/dd/yyyy)					
Identificat	tion Number (9 di	gits)	1430011	17	19a Service Start Date (mm/dd/yyyy) 07/01/2001							
					19b Service E	end Date (mm/	'dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002		
14 Service P	rovider Name		Powerco	m	20 Contract	Expiration D	ate (mm/dd/yyyy)					
Description 21 This Servi	on of ice:		with an Att	iption of the service tachment #, and no ervice - #1				osts, plus any r	elevant bra	and names. Label		
	lities 3 This Service:	this service :	Head Star	ecific (provided to or 1 Office - 132971 by all entities on a [		-				m Block 4 receiving		
23 Calculation		- curring Char		1	l Non	Decurring (	· Larges		Total Che			
A	B	ecurring Char	ges D	E	F Non-	Recurring C	narges H	I	Total Cha	arges K		
Monthly \$ charges (total amount per month for service)		Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-		Annual eligible pre-	Total program year pre-discount	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (   x J )		
37	0	37	12	444	0	0	0	444	44%	195		

Entity Number Contact Person	132971 Candace Vander	lip				olicant's Form Iden ne Number					
Instructions: Us	<b>Discount</b> se one Block 5 pa opies of this page	age for <b>EACH</b> se	rvice (Fun and numb	uest(s) ding Request Numler the completed pa	iges to ass	ure that they are	esting discounts.	Block 5, pag	ge17	of33	
_	of Service (only O						railable; use "T" if tariffed es as described in Instruc		Phone	rates (bills) = T	
● Telecomn	nunications Service	O Internet Acce	ess O In	ternal Connections			ber (e.g., billed telephor			16486	
12 Form 470	Application Nu	mber (15 digits)	57	78450000323389		vable Vendor Se on Form 470 filing)	lection/Contract	Date (mm/dd/yyy	y)	12/06/2000	
13 SPIN - Se					18 Contr	act Award Date	(mm/dd/yyyy)				
Identification Number (9 digits) 143001117 19a Service Start Date (mm/dd/yyyy) 07/01/2001									001		
19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)									06/30/2002		
14 Service P	rovider Name		Powerco	m	20 Contract Expiration Date (mm/dd/yyyy)						
Description 21 This Serv	on of ice:		with an At	iption of the service tachment #, and no ervice - #1			•	osts, plus any i	elevant bra	ind names. Label	
22 Entity/Ent Receiving	ities   This Service:	this service :	Head Star	ocific (provided to or t Office - 132971 by all entities on a l		<del></del>	•		-	m Block 4 receiving	
23 Calculation					l			1			
A	B	ecurring Char C	ges D	E	F N	on-Recurring G	Cnarges H	T	Total Cha	arges K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual no recurring (o	n- How much of ne- the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount		Funding Commitment \$ Request (IxJ)	
41	0	41	12	492	0	0	0	492	44%	216	

Entity Number Contact Person	132971 Candace Vander	lip				nt's Form Identi umber	fier <u>CESA2 2</u> (608) 758					
Instructions: Us		age for <b>EACH</b> se	rvice (Fun and numb	ding Request Numler the completed pare	ages to assure y administ	that they are rator)	sting discounts. all processed corr		ge18	of33		
	of Service (only O					,	ailable; use "T" if tariffed s as described in Instruct		Phone	rates (bills) = T		
● Telecomn	nunications Service	O Internet Acc	ess O Ir	nternal Connections	16 Billing A	ccount Numb	oer (e.g., billed telephor	ne number)		16487		
	Application Nu	mber (15 digits)	57	78450000323389		e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	ry)	12/06/2000		
•	vice Provider ion Number (9 di	-:t-\			18 Contract Award Date (mm/dd/yyyy)							
Identificat	ion ideniber (ad	giis)	1430011	17	19a Service Start Date (mm/dd/yyyy) 07/01/2001							
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002							
14 Service P	rovider Name		Powerco	m	20 Contract Expiration Date (mm/dd/yyyy)							
Description 21 This Serv	on of ice:		with an At	iption of the service tachment #, and no ervice - #1				osts, plus any i	relevant bra	and names. Label		
22 Entity/Ent Receiving	ities This Service:	this service :	Head Star	ecific (provided to or t_Office - 132971 by all entities on a l		•	·		e entity from	m Block 4 receiving		
23 Calculatio		ecurring Char	aes		Non-	Recurring C	Charges		Total Cha	arges		
A	В	C	D	E	F	G	Н	<u> </u>	J	K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)		the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ arnount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1xJ)		
37	0	37	12	444	0	0	0	444	44%	195		

Entity Number  Contact Person	132971 Candace Vander	lip				nt's Form Identi umber						
Instructions: U		ige for <b>EACH</b> se	rvice (Fun and numb	uest(s) ding Request Numl er the completed pa e assigned by	ages to assure	that they are a	sting discounts.	Block 5, paç	ge19	of33		
_	of Service (only Of					,	allable; use "T" if tariffed is as described in Instruct		Phone	rates (bills) = T		
	nunications Service		ess O In	ternal Connections	<u> </u>		per (e.g., billed telephor			16488		
	Application Nur	nber (15 digits)	57	78450000323389	(based on Form 470 filing) 12/06/2000							
13 SPIN - Sei					18 Contract Award Date (mm/dd/yyyy)							
identificat	i <b>ion Number</b> (9 di	gits)	1430011	17	19a Service	Start Date (mm	n/dd/yyyy)		07/01/2	001		
					19b Service E	nd Date (mm/	/dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002		
14 Service P	rovider Name		Powerco	m	20 Contract	Expiration D	ate (mm/dd/yyyy)					
Description 21 This Serv	on of ice:		with an At	iption of the service tachment #, and no ervice - #1			•	osts, plus any r	relevant bra	and names. Label		
22 Entity/Ent Receiving	ities   This Service:	this service :	Head Star	ecific (provided to or t Office - 132971 by all entities on a		-			-	m Block 4 receiving		
23 Calculation								1				
A	B Re	ecurring Char C	ges D	E	Non-	Recurring C	Charges H	ī	Total Cha	arges K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program	% discount			
122	0	122	12	1464	0	0	0	1464	44%	644		

	/ Number act Person	132971 Candace Vander	lip			Applica Phone N	nt's Form Identi umber	fier <u>CESA2 2</u> (608) 758					
Instr	ructions: Us e as many c		age for <b>EACH</b> se	rvice (Fun and numb	Uest(s) ding Request Numler the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge20	of33		
11		of Service (only O					•	ailable; use "T" if tariffed s as described in Instruc		Phone	rates (bills) = T		
12	<del></del>	Application Nu				17 Allowab	e Vendor Sel	per (e.g., billed telephorection/Contract		yy)	16489		
		rvice Provider		57	78450000323389								
ŀ		ion Number (9 di	gits)	1430011	17	18 Contract Award Date (mm/dd/yyyy)  19a Service Start Date (mm/dd/yyyy)  07/01/2001							
				1450011	•	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002							
14	Service P	rovider Name	· <del></del>	Powerco	la a	20 Contract					00/00/2002		
21	Description This Serv	on of ice:		ch a descr with an At	iption of the service tachment #, and no			•	osts, plus any	relevant bra	and names. Label		
22	Entity/Ent Receiving	ities   This Service:	this service :	Salem Of			,	·	•	e entity fro	m Block 4 receiving		
23	Calculation						_						
	A	B R	ecurring Char	ges D	F.	Non-	Recurring C	Charges н	<u> </u>	Total Ch	arges K		
(tota	hly \$ charges I amount per th for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount	Funding Commitment \$ Request (IxJ)		
	138	0	138	12	1656	o	0	0	1656	44%	729		

Entity Number Contact Person _	132971 Candace Vander	lip				cant's Form Identi Number						
Instructions: (		ige for <b>EACH</b> se	rvice (Fun and numbe	uest(s) ding Request Number the completed pa	iges to assu	re that they are	sting discounts.	Block 5, paç	ge21	of33		
11 Category	of Service (only O	NE category should be	checked)			•	allable; use "T" if tariffed s as described in Instruc	•	Phone	rates (bills) = T		
Telecon	munications Service	O Internet Acce	ess O In	ternal Connections			<b>per</b> (e.g., billed telephor			16490		
12 Form 47	Application Nur	mber (15 digits)	57	78450000323389		ble Vendor Sel n Form 470 <b>(</b> illing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000		
	ervice Provider				18 Contract Award Date (mm/dd/yyyy)							
Identifica	ation Number (9 di	gits)	1430011	17	19a Servic	e Start Date (mn	n/dd/yyyy)		07/01/2	001		
19b Service End Date (mm/dd/yyyy) (use only for									rvices)	06/30/2002		
14 Service I	Provider Name		Powerco	m	20 Contra	ct Expiration D	ate (mm/dd/yyyy)					
21 Descript This Ser	ion of vice:		with an Att	iption of the service tachment #, and no ervice - #1	. •		•	osts, plus any r	elevant bra	and names. Label		
22 Entity/Er Receivin	ntities g This Service:	this service :	<u>Janesville</u>	**		_	·		·	m Block 4 receiving		
23 Calculat						D			T			
A	B	curring Char	ges D	E	F No	n-Recurring ( G	harges H	Ī	Total Cha	argesK		
	How much of the \$ amount in (A) is	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount		Funding Commitment \$ Request (IxJ)		
51	0	51	12	612	0	0	0	612	44%	269		

	Number oct Person	132971 Candace Vander	lip					nt's Form Identil umber	fier <u>CESA2 2</u> (608) 758				
Instr	<b>uctions:</b> Us e as many c		ige for <b>EACH</b> se	rvice (Fun and numbe	uest(s) ding Request Numl er the completed pa e assigned by	ages	to assure	that they are a	sting discounts.	Block 5, pag	ge22	of33	
		of Service (only Ol						•	ilable, use "T" if tariffed as described in Instruct		Phone	rates (bills) = T	
	● Telecomn	nunications Service	O Internet Acce	ess <b>O</b> In	ternal Connections	16	Billing Ad	count Numb	<b>er</b> (e.g., billed telephor	ne number)		16491	
12	Form 470	Application Nur	mber (15 digits)	57	'845000032 <b>33</b> 89			e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000	
13		vice Provider				18 Contract Award Date (mm/dd/yyyy)							
	Identificat	ion Number (9 di	gits)	1430011	17	19a	Service S	Start Date (mm	v/dd/yyyy)		07/01/2	001	
19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)										rvices)	06/30/2002		
14	Service P	ovider Name		Powerco	m	20	Contract	Expiration D	ate (mm/dd/yyyy)				
21	Description This Servi	on of ice:		with an Att	ption of the service achment #, and no ervice - #1		-			osts, plus any r	relevant bra	ind names. Label	
22	Entity/Ent Receiving	ities This Service:	this service :	Dane Cou	cific (provided to or nty Office - 132971 by all entities on a						e entity from	n Block 4 receiving	
23	Calculatio					•							
	A	B	ecurring Char C	ges D	E	<b>-</b>	Non-	Recurring C	narges H	Ī	Total Cha	arges K	
(tota	Monthly \$ charges (total amount per month for service)  How much of the \$ Eligible monthly pre-discount months in (A) is ineligible?  (A minus B)  # of months amount for service provided in program year						nnual non- urring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount	Funding Commitment \$ Request (IxJ)	
	17	0	17	12	204		0	0	0	204	44%	90	

Applicant's Form Identifier <u>CESA2 2002 1A</u> ontact Person <u>Candace Vanderlip</u> Phone Number (608) 758-6232										
nstructions: Us		ige for EACH se	rvice (Fun and numb	uest(s) ding Request Numl er the completed pa e assigned by	ages to assu	e that they are	sting discounts.	Block 5, paç	ge23	of33
	of Service (only Of						ailable; use "T" if tariffed s as described in Instruc		Phone	rates (bills) = T
Telecomn	nunications Service	O Internet Acce	ess <b>O</b> In	ternal Connections			<b>Der</b> (e.g., billed telephor			17526
12 Form 470	Application Nur	mber (15 digits)	57	78450000323389		b <b>le Vendor Se</b> Form 470 filing)	lection/Contract	Date (mm/dd/yyy	y)	12/06/2000
13 SPIN - Service Provider  Identification Number (a first)  18 Contract Award Date (mm/dd/yyyy)										
Identification Number (9 digits) 143001117 19a Service Start Date (mm/dd/yyyy) 07/01/2001										
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002									
14 Service P	rovider Name		Powerco	m	20 Contra	t Expiration D	ate (mm/dd/yyyy)			
Description This Servi	on of ice:		with an Att	iption of the service tachment #, and no ervice - #1	_		•	osts, plus any r	relevant bra	and names. Label
22 Entity/Ent Receiving	ities   This Service:	this service :	<u>Janesville</u>			-				m Block 4 receiving
23 Calculation		nauring Char	~~~		l No.	. Desurring (	`hormoo		Total Ch	
A	В	ecurring Char C	ges D	E	F	n-Recurring C	H H	I	Total Ch	arges K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)
16	0	16	12	192	0	0	0	192	44%	84

Entity Nu Contact P	Number 132971 Applicant's Form Identifier CESA2 2002 1A act Person Candace Vanderlip Phone Number (608) 758-6232											
Instruct	<b>tions:</b> Us s many co		ige for <b>EACH</b> se	rvice (Fun and numb	uest(s) ding Request Num er the completed pa e assigned b	ages to	o assure	that they are a	sting discounts.	Block 5, paç	ge24	of33
_		of Service (only O				l		•	ilable; use "T" if tariffed as as described in Instruct		Phone	rates (bills) = T
•	Telecomn	nunications Service	O Internet Acce	ess O In	ternal Connections	16 E	Billing Ad	count Numb	oer (e.g., billed telephor	ne number)	3	60004725
12 Fc	orm 470	Application Nur	mber (15 digits)	57	78450000323389			e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000
13 SPIN - Service Provider  Identification Number (6 ###)  18 Contract Award Date (mm/dd/yyyy)												
Idi	Identification Number (9 digits) 143001044 19a Service Start Date (mm/dd/yyyy) 07/01/2001										001	
						19b 8	Service E	nd Date (mm/	(dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002
14 Se	ervice Pr	ovider Name		US Cellul	ar	20 (	Contract	Expiration D	ate (mm/dd/yyyy)			
	escriptic nis Servi	on of ce:		with an At	iption of the service tachment #, and no ervice - #1	-	•		•	osts, plus any r	elevant bra	nd names. Label
i	ntity/Ent eceiving	ities This Service:	this service :	Milton Offi	**			-	<i>,</i> .		·	m Block 4 receiving
23 Ca	alculatio						NI 1	D	No a was a		T-4-1 Ob.	
A	4	B	ecurring Char	ges D	E		F	Recurring C	narges H	I	Total Cha	rges K
(total amount per amount in (A) is pre-discount months amount for eligible rec							nual non- ring (one-	the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	•	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)
90	00	0	900	12	10,800		0	0	0	10,800	44%	4752

Entity Number Contact Person _						nt's Form Identi umber	fier <u>CESA2 2</u> (608) 758				
Instructions: U	AS Contract Number (1 or 2 th										
_	of Service (only O				15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)  Phone rates (bills) = T						
● Telecom	munications Service	O Internet Acce	ess O In	ternal Connections			<b>per</b> (e.g., billed telephor		16670	8279500280900	
12 Form 470	Application Nu	mber (15 digits)	57	78450000323389	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/6/2000						
	ervice Provider				18 Contract	Award Date (	mm/dd/yyyy)				
identifica	tion Number (9 di	gits)	14	43004791	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
					19b Service E	nd Date (mm/	'dd/yyyy) (use only fo	or "T" or "MTM" se	ervices)	06/30/2002	
14 Service F	Provider Name	Verizon	North Inc	corporated	20 Contract	Expiration D	ate (mm/dd/yyyy)				
21 Descript This Ser	on of /ice:		with an Att	iption of the service tachment #, and no ervice - #1				osts, plus any i	relevant bra	and names. Label	
	tities g This Service:	this service:	Salem Off			•		-	•	m Block 4 receiving	
23 Calculati					l Nam	Dannella a C	\1 u		T-4-1 Oh		
Λ	В	ecurring Char	ges D	E	F Non-	Recurring C	narges H	I I	Total Cha	arges K	
Monthly \$ charges (total amount per month for service)	thly \$ charges How much of the \$ Eligible monthly # of Annual pre-discour al amount per amount in (A) is pre-discount months amount for eligible					How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
192	0	192	12	2304	0	0	0	2304	44%	1014	

	nct Person	Candace Vander	lip				ant's Form Identi Number	fier <u>CESA2 7</u> (608) 758		manaly of the same		
Instr Make	Block 5: Discount Funding Request(s)  structions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  ake as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.  RN #  (to be assigned by administrator)											
11	Category	of Service (only Ol	NE catagoni should be			15 Contract Number (if available; use "T" if tariffed services,  Phone rates (bills) = T						
		nunications Service			ternal Connections			as described in Instruc	······································		0270217696800	
								per (e.g., billed telephorection/Contract			02/021/696600	
		Application Nur	nber (15 digits)	57	78450000323389		Form 470 filing)			y)	12/6/2000	
13		rvice Provider ion Number (9 di	aita)			18 Contrac	t Award Date (	mm/dd/yyyy)				
	racimina	non rumber (9 d	giis)	14	43004791	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
						19b Service	End Date (mm/	'dd/yyyy) (use only fo	or "T" or "MTM" se	rvices)	06/30/2002	
14	Service P	rovider Name	Verizon	North Inc	orporated	20 Contrac	t Expiration D	ate (mm/dd/yyyy)				
21	Description This Serv	on of ice:		with an Att	iption of the service tachment #, and no ervice - #1				osts, plus any r	elevant bra	and names. Label	
22	Entity/Ent Receiving	ities   This Service:	this service :	Head Star			•	·		e entity from	n Block 4 receiving	
23	Calculation											
		В В	ecurring Char C	ges D	E	F	-Recurring C	narges H	Ī	Total Cha	arges K	
(total	nly \$ charges I amount per In for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount	% discount	Funding Commitment \$ Request (IxJ)	
	99	0	99	12	1188	0	0	0	1188	44%	523	

Entity Number Contact Person	132971 Candace Vander	lip				nt's Form Identi umber					
Instructions: Us	15 Contract Number (it weights up 17) it triffed equipe										
	of Service (only Of						ilable; use "T" if tariffed as described in Instruct	•	Phone	rates (bills) = T	
Telecomn	nunications Service	O Internet Acce	ess <b>O</b> In	ternal Connections			oer (e.g., billed telephon		16682	0271422166104	
12 Form 470	Application Nur	nber (15 digits)	57	78450000323389		e Vendor Sel orm 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/6/2000	
13 SPIN - Sei					18 Contract	Award Date (	mm/dd/yyyy)				
Identilicat	ion Number (9 di	gits)	14	43004791	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
					19b Service E	nd Date (mm/	dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002	
14 Service Pi	ovider Name	Verizon	North Inc	corporated	20 Contract	Expiration D	ate (mm/dd/yyyy)				
Description This Servi	on of ice:		with an At	iption of the service tachment #, and no ervice - #1	. •		•	osts, plus any r	elevant bra	and names. Label	
22 Entity/Ent Receiving	ities This Service:	this service :	Head Star	**		•			·	m Block 4 receiving	
23 Calculatio		ecurring Char			l Non-	Recurring C	harges	<u> </u>	Total Cha	24406	
A	В	C C	D D	E	F	G	H	I	J	K K	
Monthly \$ charges (total amount per month for service)	thly \$ charges How much of the \$ Eligible monthly # of Annual pre-discount al amount per amount in (A) is pre-discount months amount for eligible					the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	, ,	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
178	o	178	12	2136	0	0	0	2136	44%	940	

Entity Number Contact Person	132971 Candace Vander	lip			Applica Phone N	nt's Form Identi lumber	fier <u>CESA2 2</u> (608) 758-				
Instructions: Us											
_	of Service (only O		checked)	00,0000,0000	15 Contract "MTM" if mont	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)  Phone rates (bills) = T					
<del></del>	Application Nur		·	78450000323389	16 Billing Account Number (e.g., billed telephone number) 166820279514098508  17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/6/2000						
	rvice Provider ion Number (9 di	gits)	14	43004791	18 Contract Award Date (mm/dd/yyyy)  19a Service Start Date (mm/dd/yyyy)  19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)  06/30/2002						
14 Service P	rovider Name	Verizon	North Inc	orporated	20 Contract					00/00/2002	
21 Description This Serv	on of ice:		with an At	iption of the service tachment #, and no prvice - #1			•	osts, plus any r	elevant bra	and names. Label	
22 Entity/Ent Receiving	ities This Service:	this service :	Salem Of						Ť	m Block 4 receiving	
23 Calculation		ecurring Char	do.		l Non	Recurring C	harass		Total Ch		
A	В	C C	D D	E	F	G	H H	I	J	K K	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	the \$ amount in	Annual eligible prediscount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)	
125	0	125	12	1500	0	0	0	1500	44%	660	

•	Number ot Person	132971 Candace Vanderi	lip	2000; 2000;				nt's Form Identil umber				
<b>nstru</b> Vake	Block 5: Discount Funding Request(s)  Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  Instructions: Use one Block 5 page29 of33  Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  Instructions: Use one Block 5 page29 of33  Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  Instructions: Use one Block 5 page29 of33  Instructions: Use one Block 5 page29 of33  Instructions: Use one Block 5 page29 of33  Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  Instructions: Use one Block 5 page29 of33  Instructions: Use one Block 5 page29 of33  Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  Instructions: Use one Block 5 page30 of30  Instructions: Use one Block 5 page30  Instructions: Use o											
	_	of Service (only ON						,	ilable; use "T" if tariffed as described in Instruct			rates (bills) = T
	• releconin	nunications Service	O Internet Acce	ess O in	ternal Connections				er (e.g., billed telephon			5273924112703
		Application Num	<b>nber</b> (15 digits)	57	78450000323389			e Vendor Sel orm 470 filing)	ection/Contract l	Date (mm/dd/yyy	y)	12/6/2000
		rvice Provider				18 Co	ontract	Award Date (	mm/dd/yyyy)			
	Identincat	t <b>ion Number</b> (9 dig	gits)	14	43004791	19a Se	ervice S	Start Date (mm	v/dd/yyyy)		07/01/2	001
						19b Se	rvice E	nd Date (mm/	'dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002
14	Service Pr	rovider Name	Verizon	North Inc	corporated	20 Co	ontract	Expiration D	ate (mm/dd/yyyy)			
21	Descriptic This Servi	on of ice:		with an Att	iption of the service tachment #, and no ervice - #1		-		•	osts, plus any r	elevant bra	and names. Label
	Entity/Ent Receiving	ities   This Service:	this service :	Dane Cou	• • • • • • • • • • • • • • • • • • • •	·			·		e entity from	m Block 4 receiving
23	Calculatio										<b>-</b>	
	A	B	ecurring Char	ges D	E	F		Recurring C	narges H	ŗ	Total Cha	arges K
(total		How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	Annua recurrin	al non- g (one-	How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount \$ amount (E + H)		Funding Commitment \$ Request (IxJ)
	128	o	128	12	1536	C	D	0	0	1536	44%	676

•	Number ot Person	132971 Candace Vander	lip_		·		ant's Form Identi lumber	fier <u>CESA2 2</u> (608) 758					
I <b>nstru</b> Make	Block 5: Discount Funding Request(s)  structions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  ake as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.  RN #												
11	Category	of Service (only O		checked)	ternal Connections	15 Contract "MTM" if mon	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)  16 Billing Account Number (e.g., billed telephone number)  17 O002813890						
13	SPIN - Se	Application Nu	· · · · · · · · · · · · · · · · · · ·	57		17 Allowab (based on							
		tion Number (9 di	gits)	1430039		19b Service	19a Service Start Date (mm/dd/yyyy) 07/01/2001  19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 06/30/2002						
21 Service Provider Name Chorus Communications Group LTD 20 Contract Expiration Date (mm/dd/yyyy)  You MUST attach a description of this description with an Attachment #, and note number in space provided below.  Attachment # Internet Service - #1									and names. Label				
		ities This Service:	this service :	Dane Cou	cific (provided to or nty Office - 132971 by all entities on a l		-			e entity fro	m Block 4 receiving		
23	Calculatio	Re	ecurring Char	ges		Non	-Recurring C	Charges		Total Cha	arges		
(total	A ly \$ charges amount per for service)	B How much of the \$ amount in (A) is ineligible?	C Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	E Annual pre-discount \$ amount for eligible recurring charges (C x D)	F Annual non- recurring (one- time) \$ charges	G How much of the \$ amount in (F) is ineligible?	H Annual eligible pre- discount \$ amount for one-time charges (F minus G)	I Total program year pre-discount \$ amount (E + H)	J % discount (from Block 4 Worksheet)	K Funding Commitment \$ Request (IxJ)		
	15	0	15	12	180	0	0	0	180	44%	79		

Contact	Person	132971 Candace Vander	lip			Management	Applicar _ Phone No	nt's Form Identii umber	fier <u>CESA2 2</u> (608) 758		30000000000000000000000000000000000000	000000000000000000000000000000000000000		
nstru														
11 (	Category	of Service (only Ol	NE category should be	checked)				,	ilable; use "T" if tariffed as described in Instruct	•	Phone	rates (bills) = T		
C	<b>)</b> Telecomn	nunications Service	Internet Acce	ess O In	ternal Connections		6 Billing Account Number (e.g., billed telephone number) 0003206467							
12 F	orm 470	Application Nur	mber (15 digits)	57	78450000323389		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000							
		vice Provider				18	Contract	Award Date (	mm/dd/yyyy)					
10	dentilicat	ion Number (9 di	gits)	1430039	52	19a	19a Service Start Date (mm/dd/yyyy) 07/01/2001							
						19b	Service E	nd Date (mm/	dd/yyyy) (use only fo	r "T" or "MTM" se	rvices)	06/30/2002		
14 5	Service P	ovider Name	Chorus Com	munication	ons Group LTD	20	Contract	Expiration D	ate (mm/dd/yyyy)					
You MUST attach a description of the service, in this description with an Attachment #, and note and the service:  Attachment # Internet Service - #1										osts, plus any r	elevant bra	and names. Label		
	Entity/Ent Receiving	ities This Service:	this service :	Dane Cou	ecific (provided to or nty Office - 132971 by all entities on a						e entity fro	n Block 4 receiving		
23 (	Calculatio													
	A		ecurring Char		F	-	Non-	Recurring C	harges H	I	Total Cha	arges K		
Monthly (total a	A B C D E  Anthly \$ charges   How much of the \$   Eligible monthly   # of   amount for eligit   recurring charge   tal amount per   ineligible?   (A minus B)   provided in   program   year   (C x D)						nual non- rring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
	13	0	13	12	156		0	0	0	156	44%	69		

Entity Number Contact Person	132971 Candace Vander	lip			Applica Phone N	nt's Form Identi umber	fier <u>CESA2 2</u> (608) 758					
Instructions: Us												
_	of Service (only O			iternal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)  CESA02-0102-g							
12 Form 470	Application Nu			78450000323389	16 Billing Account Number (e.g., billed telephone number) CESA021  17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/06/2000							
	rvice Provider ion Number (9 d	aite)			18 Contract							
, , , , , , , , , , , , , , , , , , , ,		gusj	1430043	51	19a Service Start Date (mm/dd/yyyy) 07/01/2001							
					19b Service I	End Date (mm/	/dd/yyyy) (use only fo	or "T" or "MTM" se	ervices)	06/30/2002		
14 Service P	rovider Name		WiscNe	t	20 Contract	Expiration D	ate (mm/dd/yyyy)					
Description 21 This Serv	on of ice:	this description	with an At	iption of the service tachment #, and no CESA 2 - WiscNet	te number in s			osts, plus any	relevant bra	and names. Label		
22 Entity/Ent Receiving	ities This Service:	this service :	Milton Offi			-			ŕ	m Block 4 receiving		
23 Calculatio												
A	B	ecurring Char C	ges D	E	Non- F	Recurring C	harges H	T	Total Cha	arges K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
E40.17							2868					

Entity Number Contact Person	132971 Candace Vander	lip	200000000000000000000000000000000000000		Applica Phone N	nt's Form Identi umber	fier <u>CESA2 2</u> (608) 758				
	se one Block 5 pa	age for <b>EACH</b> se	rvice (Fun and numb	uest(s) ding Request Number the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	ge33	of33	
	of Service (only O				15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)  Westosha Special Ed-0101-g					a Special Ed-0101-g	
O Telecomn	nunications Service	● Internet Acce	ess <b>O</b> Ir	nternal Connections	16 Billing A	ccount Numb	oer (e.g., billed telephor	ne number)	We	estoshaSp1	
<u></u>	Application Nu	mber (15 digits)	57	78450000323389		le Vendor Sel Form 470 filing)	ection/Contract	Date (mm/dd/yyy	y)	12/06/2000	
13 SPIN - Sei		4.			18 Contract	Award Date (	mm/dd/yyyy)				
identinca	i <b>on Number</b> (9 di	gits)	1430043	51	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
					19b Service I	End Date (mm/	/dd/yyyy) (use only fo	or "T" or "MTM" se	ervices)	06/30/2002	
14 Service P	rovider Name		WiscNe	t	20 Contract	Expiration D	ate (mm/dd/yyyy)				
Description 21 This Servi	on of	this description	with an At	iption of the service tachment #, and no <b>WestoshaSpecial</b>	te number in s		•	osts, plus any i	relevant bra	and names. Label	
22 Entity/Ent Receiving	ities This Service:	this service :	Salem Off				·		-	n Block 4 receiving	
23 Calculatio		i Ob			No.	D	N	ı	Takal Ob		
A	B	ecurring Char C	ges D	E	F Non-	Recurring C	narges H	I	Total Cha	arges K	
Monthly \$ charges (total amount per month for service)	nthly \$ charges How much of the \$ Eligible monthly # of Annual pre-discount tal amount per amount in (A) is pre-discount months amount for eligible					How much of the \$ amount in	Annual eligible pre-	Total program year pre-discount	% discount	Funding Commitment \$ Request (IxJ)	
406.25 0 406.25 12 4,87					0	0	0	4,875	44%	2145	